

2010 ELECTION CYCLE

Delbert Hosemann  
SECRETARY OF STATE

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2010 Non-Judicial Election

Name of Candidate TRAVIS L. Little  
 Address PO Box 540 Corinth, MS 38835  
 Telephone 662-396-4299 Fax 662-665-9188  
 Contact Name \_\_\_\_\_ Email \_\_\_\_\_  
 Office Sought Senate Dist 4 Political Party Republican

**RECEIVED**

DEC 29 2010

Campaign Finance  
Secretary of State
☐ Check here if above is different from previous report
**TYPE OF REPORT**

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory  
☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates  
☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates  
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
☐ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees  
☒ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-307 (b) (ii) and (iii).  
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$ 9.36	\$ 9.36	\$ 9.36
Total amount of disbursements \$	\$ 1984.95 + \$ 255.00	\$ 19639.95	\$ 19639.95
Total amount of cash on hand		\$ 0	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Travis L. Little  
Signature of Candidate

12-29-2010  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 198, Jackson, MS 39205 or fax to 601-369-1489 or 601-676-2819.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee TRAVIS Little  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Freed-Hardeman University</u>	<u>10/26/10</u>	\$ <u>600.00</u>
Mailing Address <u>158 E MAIN ST</u>		\$
City, State, Zip Code <u>HENDERSON TN 38340</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>600.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Toy Store</u>	<u>11/18/10</u>	\$ <u>1000.00</u>
Mailing Address		\$
City, State, Zip Code <u>Corinth MS</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>contribution for toy drive</u>	Aggregate Year-to-date	\$ <u>1000.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Christmas Basket Fund</u>	<u>12/14/10</u>	\$ <u>400.00</u>
Mailing Address		\$
City, State, Zip Code <u>Corinth MS 38835</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Contribution for food drive</u>	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>St. Jude Childrens Hospital</u>	<u>12/28/10</u>	\$ <u>2000.00</u>
Mailing Address <u>501 St. Jude Place</u>		\$
City, State, Zip Code <u>Memphis TN 38105</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>2000.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Le Bonheur Childrens Hospital</u>	<u>12/28/10</u>	\$ <u>2000.00</u>
Mailing Address <u>PO Box 41817</u>		\$
City, State, Zip Code <u>Memphis TN 38174-1817</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>2000.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>MS Military Family Relief Fund</u>	<u>12/28/10</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 5027</u>		\$
City, State, Zip Code <u>JACKSON MS 39296</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee TRAVIS L. LittleReporting period JAN. 1, 2010 through Dec 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name <u>Baptist Global Response</u>	Date (Mo., Day, Year) <u>1/19/10</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address	<u>1/1/10</u>	\$
City, State, Zip Code	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name <u>Crossroads Baptist Mission</u>	Date (Mo., Day, Year) <u>3/26/10</u>	Amount of each disbursement this period \$ <u>5000.00</u>
Mailing Address	<u>3/26/10</u>	\$
City, State, Zip Code	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>5000.00</u>
C. Full name <u>The Lighthouse Foundation</u>	Date (Mo., Day, Year) <u>1/1/10</u>	Amount of each disbursement this period \$ <u>2400.00</u>
Mailing Address <u>PO Box 2121</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Corinth MS 38835</u>	<u>12/31/10</u>	\$ <u>2400.00</u>
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>4800.00</u>
D. Full name <u>Pinevale Children's Home</u>	Date (Mo., Day, Year) <u>4/6/10</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address	<u>4/6/10</u>	\$
City, State, Zip Code <u>Corinth MS</u>	<u>12/28/10</u>	\$ <u>334.95</u>
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>584.95</u>
E. Full name <u>VFW</u>	Date (Mo., Day, Year) <u>5/5/10</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address	<u>5/5/10</u>	\$
City, State, Zip Code	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>Contribution for Vietnam Wall</u>	Aggregate Year-to-date	\$ <u>250.00</u>
F. Full name <u>Resource Ctr. for Women</u>	Date (Mo., Day, Year) <u>10/13/10</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address	<u>10/13/10</u>	\$
City, State, Zip Code <u>Corinth, MS</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee TRAVIS Little  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED DISBURSEMENTS

A. Full name <u>Holly Baptist Church</u>	Date (Mo., Day, Year) <u>12-28-10</u>	Amount of each disbursement this period \$ <u>1000.00</u>
Mailing Address	<u>          </u>	\$
City, State, Zip Code <u>Corinth MS</u>	<u>      </u>	\$
Purpose of Disbursement (Optional) <u>building fund contribution</u>	Aggregate Year-to-date	\$ <u>1600.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>      </u>	\$
City, State, Zip Code	<u>      </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>      </u>	\$
City, State, Zip Code	<u>      </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>      </u>	\$
City, State, Zip Code	<u>      </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>      </u>	\$
City, State, Zip Code	<u>      </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>      </u>	\$
City, State, Zip Code	<u>      </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$